

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2387

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6072</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Pendleton</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Pendleton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Martha</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Howe</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>25,</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 21, 1858</u>	9. AGE (In years last birthday) <u>90</u>	10. MONTHS <u>10</u>	11. DAYS <u>4</u>	12. IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Whitewater, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George W. Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Malenda Dennis</u>		14. NAME OF HUSBAND OR WIFE <u>William Howe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sidney Williams, Doe Run, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperstatic Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility and Arteriosclerosis and broken hip</u> DUE TO (c) <u>3 years ago.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 1946</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell and broke her hip</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 1946</u> , to <u>Jan. 25, 1949</u> that I last saw the deceased alive on <u>Jan 22, 1949</u> , and that death occurred at <u>2:00 pm.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. M. Stanley, D. O.</u>		23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>1/29/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/28/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Libertyville, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Libertyville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-31-1949</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>		ADDRESS <u>Flat River</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Public Health Officer No. 4
No. of Embower 249-19
Date Filed 2-7-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.